

L18000125773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

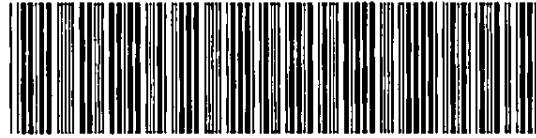
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2018 JUN 12 AM 10:34  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

B FIGUEROA

JUN 13 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2018

MAURA ZISKA  
222 LAKEVIEW AVE STE 1500  
WEST PALM BEACH, FL 33401

SUBJECT: 255 EMERALD WAY MTGE, LLC  
Ref. Number: L18000125773

We have received your document for 255 EMERALD WAY MTGE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 618A00011664

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **255 Emerald Way MTGE, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Maura Ziska**

Name of Person

**Kochman & Ziska PLC**

Firm/Company

**222 Lakeview Ave Ste 1500**

Address

**West Palm Beach, FL 33401**

City/State and Zip Code

**yoliverwpb@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Yolanda Oliver**

Name of Person

**561**

Area Code

**543-0766**

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: 255 Emerald Way MTGE, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000125773

**THIRD:** Document to be corrected is: Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Title of LLC should be: 255 Emerald MTGE, LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective

M. A. [Signature]  
Signature of Authorized Representative

06/12/2018  
Date

FILED  
2018 JUN 12 AM 10:33  
CLERK OF CIRCUIT COURT  
JULIA A. ROBERTSON, CLERK

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)